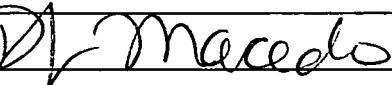


#5
3-14-01
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CERTIFICATE OF MAILING

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| Typed or Printed Name | Donna Macedo |
| Signature |  |
| Date | 3/6/01 |

| RESPONSE TO RESTRICTION REQUIREMENT | |
|-------------------------------------|--|
| Address to: | Attorney Docket |
| Commissioner for Patents | TOSK-004 |
| Washington, D.C. 20231 | First Named Inventor |
| | Fogarty |
| | Application Number |
| | 09/472,654 |
| | Filing Date |
| | December 27, 1999 |
| | Group Art Unit |
| | 1641 |
| | Examiner Name |
| | M. Pham |
| | Title |
| | <i>In Vivo High Throughput Toxicology Screening Method</i> |

Sir:

In response to the Restriction Requirement dated January 23, 2001, the Applicants hereby elect Group I, Claims 1-16, with traverse.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16 and 1.17 which may be required by this paper, or to credit any overpayment, to Deposit Account No. 50-0815.

Respectfully submitted,
BOZICEVIC, FIELD & FRANCIS LLP

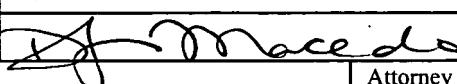
Date: 3-6-01

By: 

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| Signature |  | Date | 3/6/01 |
| NON FEE TRANSMITTAL <small>Note: Effective October 1, 1998. Patent fees are subject to annual revision.</small> <small>MAR 12 2001</small> <small>PATENT & TRADEMARK OFFICE</small> | | Attorney Docket Number | TOSK-004 |
| | | First Named Inventor | Fogarty |
| | | Application Number | 09/472,654 |
| | | Filing Date | December 27, 1999 |
| | | Group Art Unit | 1641 |
| | | Examiner Name | M. Pham |
| | | Title | In Vivo High Throughput Toxicology Screening Method |

Enclosed are the following documents:

- Response to Restriction Requirement
- Preliminary Amendment
- Change of Correspondence
- Return receipt postcard.

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| CLAIMS | | | | | | | | | |
|---|-----------------|----------------|-----------------------------|--|--------------|---|----------------|---|---------|
| No. of claims as filed or after amendment | | | Most claims previously paid | | Extra claims | | Fee from below | | Fee Due |
| Total claims | 20 | - | 20 | = | 0 | x | | = | \$0 |
| Ind. claims | 4 | - | 4 | = | 0 | x | | = | \$0 |
| Multiple Dependent claims | | | | | | x | | = | |
| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | | | | | |
| 103 | 18 | 203 | 9 | Claims in excess of 20 | | | | | |
| 102 | 80 | 202 | 40 | Independent claims in excess of 3 | | | | | |
| 104 | 270 | 204 | 135 | Multiple dependent claim | | | | | |
| 109 | 80 | 209 | 40 | Reissue independent claims over original patent | | | | | |
| 110 | 18 | 210 | 9 | Reissue claims in excess of and over original patent | | | | | |